

## What works for people with autism and learning disabilities?

In contrast to Haringey's pursuit of an austerity policy lacking in any empirical validation, but carrying potentially adverse consequences for people with autism and disabilities in the borough, a number of recent reports recommend a different approach and warn of the dangers of some of the policies now being adopted. None refers to reablement.

- **2010: National Autistic Society/Social Care Institute for Excellence (Mills, R. et al 2010)**

In 2010, Richard Mills of the National Autistic Society and Jennifer Francis of the Social Care Institute for Excellence (Scie) reviewed access to social care and support for adults with autism. They found poor outcomes (in relation to employment, mental and physical health, discrimination and social exclusion) and identified a weak evidence-base for current interventions. They recommended 'autism-specific services' and specialist multidisciplinary teams to tackle the lack of experience and expertise among social care staff – a situation likely to be exacerbated by the proposed cuts and mass redundancies in Haringey. They further expressed 'concern about the potential for abuse of vulnerable adults in the social care system: the increased personalisation of social care may fail to offer protection or may in some cases heighten isolation and vulnerability' – a concern shared by many families and carers in Haringey given proposed cuts in social work staff.

- **2011: Social Care Institute for Excellence (Francis, J. et al 2011)**

In 2011, Scie produced a further report on improving access to social care for adults with autism. This focussed on the responsibility of commissioners to 'ensure that specialist services are available for those who need them, offering structure, routine and continuity', emphasising that provisions should reflect 'the need of some people with autism for predictable, reliable services'. These requirements are all placed in jeopardy by the drastic rounds of cuts and closures in Haringey. Furthermore, the Scie report emphasises the responsibility of commissioners to 'engage people with autism, their families and carers in service design and delivery'. In Haringey, consultations with individuals and families likely to be affected began with the announcement of the closures.

- **2012 National Institute for Clinical Excellence (Nice 2012)**

In 2012 a team of distinguished experts assembled by the National Institute for Clinical Excellence (Nice) issued guidelines on the management of adults on the autism spectrum. In relation to the organisation and delivery of care, the Nice guidelines recommended that a local 'autism strategy group' should 'design local care pathways that promote a range of evidence-based interventions at each step in the pathway and support adults with autism in their choice of interventions'. The guidelines warned against measures which might transfer the burden of care back onto individuals and families without their consent, insisting that commissioners should 'make sure that no services are withdrawn because of involvement of the family, partner or carer(s), unless this has been clearly agreed with both the person with

autism and their family, partner or carer(s)'. In Haringey, no evidence has been produced to justify changes in care arrangements and closures of residential and day facilities have been announced without prior consultation.

Furthermore, in the section concerned with 'interventions for autism', the Nice guidelines recommended a range of 'group-based' social learning programmes (while accepting that some people with autism will need individual programmes). It further specified a number of behavioural programmes which may be appropriate for individuals with autism but either no or mild to moderate learning disabilities. These include structured leisure activities, anger management, anti-victimisation and supported employment programmes. While some of these programmes may be delivered to individuals in their own homes, it is clear that any group-based programmes (which the guidelines favour) would have to be organised in some sort of day centre – precisely what Haringey plans to close down in its drive to abandon what it disparages as a 'buildings-based' model of care.

- **2014: Bubb Report on Winterbourne View (Bubb 2014)**

In his report on the failure of plans to transfer of people with autism and severe learning disabilities from hospital accommodation into the community following the 2011 Winterbourne View scandal, Sir Stephen Bubb emphasised the need to develop community services:

'We will only successfully prevent people with learning disabilities and/or autism and challenging behaviour needing to be admitted to inpatient settings, and discharge those currently in hospitals, if we can achieve a major expansion, and major improvement in quality, of community-based support services (including robust preventative and pro-active care that starts before problems manifest, care coordination and brokerage, advocacy, appropriate housing, care and support, multi-disciplinary community learning disability teams, crisis support and respite services). Without that expansion and improvement in quality, people will continue to have crises and be admitted to inpatient institutions, and many people with learning disabilities and/or autism, their families, clinicians and commissioners, will continue to be nervous about discharge from hospital back into the community.'

Far from expanding and improving community-based support services, Haringey plans to close them down and to make redundant staff with experience and expertise in autism. Some of these staff may be replaced by subcontracted workers on lower rates of pay, often lacking in experience and training and certainly lacking in familiarity with individuals with autism and their families and carers. The likely result will be an increase in crisis admissions to Winterbourne View-type institutions – exactly what the Bubb report seeks to prevent. Quite apart from the distress this will cause to people with autism and their families, it is certain to result in higher costs, though these may be borne by the NHS rather than the local authority.

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## References

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